BROWARD COUNTY

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

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1. Other Contracting Party:							
STATE OF FLORIDA DEPARTMENT OF CHI	ILDREN AND FAMILIES						
2. Proposed Action:		_	3. Document Type (select one):				
New Contract Amendment, Number	1 Renewal	Extension	Contract Amendment				
4. Purpose/Description:							
Increases annual funding by \$75,000 for the County to perform School Readiness (SR) Program inspections for the State of Florida.							
5. Special Provisions (select if applicable):							
Living Wage Program	SBE Sheltered Market Program						
Workforce Investment Pilot Program	M/WBE Program						
Federal DBE/ACDBE program	In-Kind Match Required: \$ or %						
CBE Program	Cash Match F	Cash Match Required: \$ or %					
6.a. Effective Dates (for new agreements only):		6.b. Effective Dates	6.b. Effective Dates (amendments only):				
Start :	No Change	No Change ■ No Change N					
End:	End date has	End date has changed from to					
	Term has	Term has from to .					
7. Contract Administrator:	8. Contract Type:	8. Contract Type:					
Name: Deborah A. Meidinger Hosey	Cost reimbur	sement Open-end					
Phone: 954-357-4800, x0429							
1 1010. 301 <u>227 1000; 10 127</u>			Performance-based Other				
0.a. Contract Value (new contracts)							
Sa. Contract Value (new contracts) Actual Estimated			9.b. Contract Value (amendments only)				
		No change		stimated			
Base amount			Original approved contract value \$1,797,790				
Reimbursables			Approved previous adjustments				
Optional Services			Value of this action	\$225,000			
Total contract value	T		Amended total contract value	\$2,022,790			
10. Payment Method	11. Payment Terms						
Lump Sum Payment	\$359,558, for fiscal year 2016-2017: \$359,558, for fiscal year 2017-2018:						
Milestone or Progress-Based	Milestone or Progress-Based \$434,558; for fiscal year 2018-2019: \$434,558, and for fiscal year 2019-2020: \$434,558. Each						
Scheduled or Time-Based	eduled or Time-Based allocation is subject to the availability of funds. DCF Agrees to pay for the service in quarterly payments.						
Other							
12. Cost Adjustment							
Not Applicable Fixed Percentage% Actual Cost							
CPI or other Index	CPI or other Index Fixed Amount - \$ Other:						
13. Equity Program Participation Summary							
a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A							
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A							
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: ${ m \underline{N/A}}$							
14. Renewal or Extension Terms:		5. Termination and Cancellation Provisions					
N/A Fo		or Cause: CONTINGENT ON FUNDING					
Fo		For Convenience: CON	r Convenience: CONTINGENT ON FUNDING				
16. Deliverables, milestones or scope of this action	•	uarterly Performance Measures to include child care licensing tivities and number of School Readiness Inspections mpleted.					
17. List terms, considerations or deviations from standard county form. N/A							